PART B - FEE(S) TRANSMITTAL

Completeind send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as sorrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up-with any corrections or use Block 1)

7590

2 5 2004

05/17/2004

MARYLN L. AMICK ROCHE DIAGNOSTICS CORPORATION 9115 HAGUE ROAD P.O. BOX 50457 INDIANAPOLIS, IN 46250

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission Express Mail I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. **EV 42110 5594**

(Depositor's name (Signature (Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 10/025,378 12/18/2001 9793/74 5414 Christopher C. Lawrence

TITLE OF INVENTION: TERTIARY AMINE COMPOUNDS FOR USE IN IMMUNOASSAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	08/17/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	ר ^י	
CEPERLEY, MARY		1641 436-528000		436-528000	_	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Marilyn L. Amick Roche Diagnostics Operations, Inc.			
. ASSIGNEE NAME ANI	D RESIDENCE DATA TO	BE PRINTED ON T	HE PATENT	(print or type)		
PLEASE NOTE: Unless been previously submitt (A) NAME OF ASSIGN	ed to the USPTO or is being	submitted under sep	oarate cover. (or on the patent. Inclusion of Completion of this form is NCE: (CITY and STATE OR CO	assignee data is only appropria DT a substitute for filing an ass DUNTRY)	ate when an assignment h ignment.
D L. D	stics GmbH		German	147	•	

Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.

4b. Payment of Fee(s):

XAdvance Order - # of Copies

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0877 (enclose an extra copy of this form). -50-0877

☐ A check in the amount of the fee(s) is enclosed.

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

	12 14 1	
(Authorized Signature)	Medate)	7.
(Authorized Signature) Marilyn L. Amick, Reg. No. 130,444	e/25	104
NOTE; The Issue Fee and Publication Fee (if required) other than the applicant; a registered attorney or agent; interest as shown by the records of the United States Paten	or the assignee or	other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria, Virginia Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

06/30/2004 WASFAW2 00000111 500877 10025378

01 FC:1501 300.**0**0 DA FC: 1504 30.00 DA

4a. The following fee(s) are enclosed:

☐X Issue Fee

Docket No. **CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)** Applicant(s): LAWRENCE, Christopher et al. RDID01002US Examiner Group Art Unit Serial No. Filing Date 10/025,378 December 18, 2001 **Mary Ceperley** 1641 ERTIARY AMINE COMPOUNDS FOR USE IN IMMUNOASSAYS JUN 2 5 2004 certify that the following correspondence: Issue Fee and "Fee Address" Indication Form (Identify type of correspondence) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 25, 2004 Michele R. Wilson (Typed or Printed Name of Person Mailing Correspondence) EV421105594US ("Express Mail" Mailing Label Number) ///EV42JJ05594US Note: Each paper must have its own certificate of mailing.